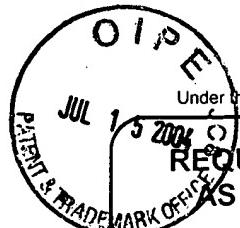


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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/842,387
Filing Date	04/25/01
First Named Inventor	Grave, Daniel D.
Art Unit	2172
Examiner Name	Truong, Cam Y T
Attorney Docket Number	SIA-P047

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
- the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- the attorneys/agents associated with Customer Number **22877**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

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1. The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Henry Ohab			
Address	101 Innovation Way			
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Telephone	(408) 544-7647		Fax	(408) 544-8304
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Date	07-14-2004		Telephone No.	(650) 325-4999

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